


MO#: 1259717

Due Date: 01/27/16
PM: HRZ
CLIENT: USS CORP

CLIENT NAME, ADDRESS, PHONE# :										INVOICE TO:		REPORT TO:		SPECIAL INSTRUCTIONS:																			
USS														MINTTAC LAB																			
PROJECT: NPDES-LINE 3										SAMPLER: <i>fast method</i>		PERMIT REQ.: MN0057207																					
PROFILE NO: 146										BOX: 140		SAMPLE COLLECTION DATE		SAMPLE COLLECTION TIME		SAMPLE TYPE		MATRIX		filter													
LOG-IN NO:										DESCRIPTION:		START DATE:		END DATE:		START TIME:		END TIME:		COMP		GRAB		LQ.		SOL.		CONTAINERS		ANALYSIS:			
										WS-002 Scrubber Make-up		1-13-16		1-13-16		08:50		08:50										2		LAB FILTER: SO ₄ , Ca, Mg, Hard. Calc.			
										WS-003 Thickener Overflow		1-13-16		1-13-16		08:50		08:50												2		LAB FILTER: SO ₄ , Ca, Mg, Hard. Calc.	
RELINQUISHED BY:										DATE: 1-13-16		RECEIVED BY:		DATE:		RELINQUISHED TO PACE SAMPLE LOOK-UP:		DATE:															
										TIME:				TIME:				TIME:															
RECEIVED BY:										DATE: 1-13-16		RELINQUISHED BY:		DATE:		RECEIVED FROM PACE SAMPLE LOOK-UP:		DATE:															
										TIME: 15:20		<i>Paulina</i>		TIME:				TIME:															
RELINQUISHED BY:										DATE:		RECEIVED BY:		DATE:		RECEIVED FOR LAB BY:		DATE:															
										TIME:				TIME:				TIME:															
CUSTODY SEALS INTACT:										YES		NO		N/A		SAMPLES RECEIVED ON ICE:		YES		NO		SAMPLE TEMPERATURE: 24											

	Document Name:	Document Revised: 23Feb2015
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.09	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt	Client Name: <u>USS</u>	Project #: <u>WO# : 1259717</u>
	Courier: <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input checked="" type="checkbox"/> Client <input type="checkbox"/> Commercial <input type="checkbox"/> Pace <input type="checkbox"/> Other:	Tracking Number: _____
Custody Seal on Cooler/Box Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Seals Intact? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Optional: Proj. Due Date: _____ Proj. Name: _____		
Packing Material: <input type="checkbox"/> Bubble Wrap <input type="checkbox"/> Bubble Bags <input checked="" type="checkbox"/> None <input type="checkbox"/> Other: _____ Temp Blank? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Thermometer Used: <input checked="" type="checkbox"/> 140792808 Type of Ice: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Blue <input type="checkbox"/> None <input checked="" type="checkbox"/> Samples on ice, cooling process has begun		
Cooler Temp Read °C: <u>2.1</u> Cooler Temp Corrected °C: <u>2.4</u> Biological Tissue Frozen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		
Temp should be above freezing to 6°C Correction Factor: <u>0.3</u> Date and Initials of Person Examining Contents: <u>1-13-16 CL</u>		

			Comments:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.	
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.	
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.	
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.	
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.	
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.	
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.	
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.	
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.	
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.	
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11.	Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.	
-Includes Date/Time/ID/Analysis Matrix: <u>WT</u>			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.	
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Pace Trip Blank Lot # (if purchased):			

CLIENT NOTIFICATION/RESOLUTION		Field Data Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Contacted: _____	Date/Time: _____	
Comments/Resolution: _____		

FECAL WAIVER ON FILE Y N TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: [Signature] Date: 1/14/16

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)